

# Professional Agreement Invoice and Progress Report

Idaho Transportation Department



**This page must be filled out monthly by the Consultant and forwarded to the Agreement Administrator with the monthly invoice. If necessary, attach additional sheets for continuation.**

Key Number	Project Number	Project Name	Date
Agreement Administrator		Progress Report Number	Agreement Number
Consultant			Report/Billing Period (From and To)
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	PSA Number	Invoice Number
Description of Work Accomplished During the Month			
Summary of Work Completed to Date (Milestones Completed and Dates)			
Information Required from ITD to Avoid Delays			
List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments			
Consultant's Signature		Printed Name and Title	

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Idaho Transportation Department

**This page must be filled out by the Agreement Administrator.**

Key Number	Program (Work Authority)	Progress Report Number	Agreement Number
Report Reviewed By			Review Date
The Following was Initiated			

## Status Report

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage measurements of progress to this report are required.

Agreement Time		Time Passed		Percent of Agreement Time Elapsed		Percent of Work Completed	
				%		%	
Original Agreement Amount	Supplemental(s)	Current Agreement Amount	Payments (Including this Payment)	Percent of Agreement Dollars Paid			
\$	\$	\$	\$	%			
Certification of Payment Submitted		Certification Date	<b>Fixed Fee</b>	This Invoice	To Date	Negotiated	
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$	\$	\$	
If There is a Significant Variance Between the Percentages, Please Explain							
Consultant Invoice Number				This Payment Amount			
				\$			

- ☐ **Progress Payment:** I certify that the Agreement provisions have been reviewed, the invoice amount checked, progress is substantiated, significant material expenses have support documentation (receipts), and the costs billed are project related and represent the work accomplished. I hereby approve the progress estimate for payment.
- ☐ **Final Payment:** I certify that all work under the terms of the Agreement has been satisfactorily completed, any capital assets acquired have been delivered or value received, an affidavit of indebtedness received, and the project reviewed or audited and costs verified for work performed. I hereby approve final payment under the Agreement.

Agreement Administrator's Signature	Date	Second (Independent) Reviewer's Signature
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